



2017

**Behavioral Risk Factor Surveillance System
Questionnaire**

September 19, 2018

NOTES:

- (1) CAPITALIZED response options replace “DO NOT READ” text for all questions.**
- (2) Pink highlights indicate that these notes/instructions should be included in Ci3 code.**



Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

Behavioral Risk Factor Surveillance System 2017 Questionnaire

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Interviewer's Script Landline Sample

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HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this (phone number) ?

- 1 Yes
- 2 No

[CATI /NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP OR REDIAL.]

PVTRES

LL.2 Is this a private residence?

READ ONLY IF NECESSARY: By private residence, we mean some place like a house or apartment.

- | | | |
|---|-------------------------|-----------------------------------|
| 1 | Yes | [GO TO STATE OF RESIDENCE] |
| 2 | No, continue | [GO TO COLLEGE HOUSING] |
| 3 | No, business phone only | |

[CATI/INTERVIEWER NOTE: IF 'NO,' BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONE LINES AT THIS TIME. STOP]

College Housing

LL.3 Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

- | | | |
|---|-----|-----------------------------------|
| 1 | Yes | [GO TO STATE OF RESIDENCE] |
| 2 | No | |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL.4 Do you currently live in (state) ?

NOTE: State of residence is the state in which the respondent resides at least 30 consecutive days during which the survey for which they are being called is being conducted.

- | | | |
|---|-----|-------------------------------|
| 1 | Yes | [GO TO CELLULAR PHONE] |
| 2 | No | |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE STATE OF UTAH AT THIS TIME. STOP]

Cellular Phone

LL.5 Is this a cell phone?

NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

READ ONLY IF NECESSARY: By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

1 Yes, a cell phone

[CATI/INTERVIEWER NOTE: IF 'YES,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LANDLINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

2 No, not a cell phone, continue

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = 'YES,' CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION.]

Adult

LL.6 Are you 18 years of age or older?

NOTE: Gender will be asked again in the Demographics section.

1	Yes, and the respondent is male	[GO TO NEXT SECTION]
2	Yes, and the respondent is female	[GO TO NEXT SECTION]
3	No	

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

LL.7 ____ Number of adults

If '1': Are you the adult?

If 'Yes': Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

NOTE: Gender will be asked again in the Demographics section.

[GO TO 'CORRECT RESPONDENT.']

[CATI/INTERVIEWER NOTE: IF 'NO,' IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO 'CORRECT RESPONDENT' BEFORE SECTION 1.]

LL.8 How many of these adults are men?

___ Number of men

So the number of women in the household is ___

___ Number of women

Is that correct?

NOTE: Confirm number of adult women or clarify that total number of adults in the household.

The person in your household that I need to speak with is _____.

If 'you,' **[GO TO 'CORRECT RESPONDENT' BEFORE SECTION 1].**

Interviewer's Script Cell Phone

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HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you or are you driving?

- | | | |
|---|-----|----------------------|
| 1 | Yes | [GO TO PHONE] |
| 2 | No | |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. (SET APPOINTMENT IF POSSIBLE.) STOP]

Phone

CP.2 Is this (phone number) ?

- | | | |
|---|-----|--|
| 1 | Yes | [GO TO CELLULAR PHONE] |
| 2 | No | [NOTE: Confirm telephone number.] |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]

Cellular Phone

CP.3 Is this a cell phone?

READ ONLY IF NECESSARY: By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

- | | | |
|---|-----|----------------------|
| 1 | Yes | [GO TO ADULT] |
| 2 | No | |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WITH CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 Are you 18 years of age or older?

NOTE: Gender will be asked again in Demographics section.

- | | | |
|---|-----------------------------------|----------------------------------|
| 1 | Yes, and the respondent is male | [GO TO PRIVATE RESIDENCE] |
| 2 | Yes, and the respondent is female | [GO TO PRIVATE RESIDENCE] |
| 3 | No | |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Private Residence

CP.5 Do you live in a private residence?

READ ONLY IF NECESSARY: By private residence, we mean someplace like a house or apartment.

- | | | |
|---|-----|-----------------------------------|
| 1 | Yes | [GO TO STATE OF RESIDENCE] |
| 2 | No | [GO TO COLLEGE HOUSING] |

College Housing

CP.6 Do you live in college housing?

READ ONLY IF NECESSARY: By college housing, we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

- | | | |
|---|-----|----------------------------|
| 1 | Yes | [GO TO STATE OF RESIDENCE] |
| 2 | No | |

[CATI/INTERVIEWER NOTE: IF 'NO,' THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

CP.7 Do you currently live in _____ (**state**) _____?

NOTE: State of residence is the state in which the respondent resides for at least 30 consecutive days during which the survey for which they are being called is being conducted.

- | | | |
|---|-----|------------------|
| 1 | Yes | [GO TO LANDLINE] |
| 2 | No | [GO TO STATE] |

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP.9 Do you also have a landline telephone in your home that is used to make and receive calls?

NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

READ ONLY IF NECESSARY: By landline telephone, we mean a 'regular' telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = 'YES,' DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?

— Number of adults
99 REFUSED

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = 'YES,' THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Sections

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ.]

To Correct Respondent:

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(1-888-222-2542)**.

Section 1: Health Status

- 1.1** Would you say that in general your health is excellent, very good, good, fair, or poor? (90)
- 1 EXCELLENT
 - 2 VERY GOOD
 - 3 GOOD
 - 4 FAIR
 - 5 POOR
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1** Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91-92)
- __ Number of days
- 88 NONE
 - 77 DON'T KNOW / NOT SURE
 - 99 REFUSED
- 2.2** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93-94)
- __ Number of days
- 88 NONE **[CATI NOTE: IF C02Q201 AND C02Q02 = 88 (NONE), GO TO NEXT SECTION.]**

77 DON'T KNOW / NOT SURE
99 REFUSED

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
(95-96)

-- Number of days

88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
(97)

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

- 3.2** Do you have one person you think of as your personal doctor or health care provider?
(98)

NOTE: If 'No,' ask: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?

1 Yes, only one
2 More than one
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
(99)

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

- 3.4** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

(100)

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

Section 4: Hypertension Awareness

- 4.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(101)

NOTE: If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

READ ONLY IF NECESSARY: By 'other health professional,' we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**
- 3 No **[GO TO NEXT SECTION]**
- 4 Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**

- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

- 4.2** Are you currently taking medicine for your high blood pressure?

(102)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 5: Cholesterol Awareness

- 5.1** Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

(103)

READ ONLY IF NECESSARY:

- 1 Never **[GO TO NEXT SECTION]**
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED **[GO TO NEXT SECTION]**

- 5.2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(104)

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**

- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

- 5.3** Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(105)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me 'Yes,' 'No,' or you're 'Not sure.'

- 6.1** (Ever told) you that you had a heart attack also called a myocardial infarction?

(106)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

- 6.2** (Ever told) you had angina or coronary heart disease? (107)
- 1 YES
 - 2 NO
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED
- 6.3** (Ever told) you had a stroke? (108)
- 1 YES
 - 2 NO
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED
- 6.4** Ever told) you had asthma? (109)
- 1 YES
 - 2 NO
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED
- [GO TO C06Q06]
[GO TO C06Q06]
[GO TO C06Q06]
- 6.5** Do you still have asthma? (110)
- 1 YES
 - 2 NO
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED
- 6.6** (Ever told) you had skin cancer? (111)
- 1 YES
 - 2 NO
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED
- 6.7** (Ever told) you had any other types of cancer? (112)
- 1 YES
 - 2 NO
 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? (115)

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infections, or incontinence. (116)

NOTE: Incontinence is not being able to control urine flow.

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

6.12 (Ever told) you have diabetes?

(117)

NOTE: If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

NOTE: If respondent says 'pre-diabetes or borderline diabetes,' use response code 4.

- 1 YES
- 2 Yes, but female told only during pregnancy
- 3 NO
- 4 No, pre-diabetes or borderline diabetes
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: IF C06Q12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE, TO C06Q12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.13 How old were you when you were told you have diabetes?

(118-119)

-- Code age in years **[CATI NOTE: [97 = 97 and older]]**

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

Module 1: Pre-Diabetes

[CATI NOTE: ASK PRE-DIABETES OPTIONAL MODULE 1 QUESTIONS ON QUESTIONNAIRE 12/22.]

[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING 'YES' (CODE = 1) TO C06Q12 (DIABETES AWARENESS QUESTION).]

1. Have you had a test for high blood sugar or diabetes within the past three years?

(290)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: IF C06Q12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES), ANSWER M01Q2 =1 (YES).]

2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (291)

NOTE: If 'Yes' and respondent is FEMALE, ask: Was this only when you were pregnant?

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 2: Diabetes

[CATI NOTE: ASK DIABETES OPTIONAL MODULE 2 QUESTIONS ON QUESTIONNAIRE 11/21.]

[CATI NOTE: TO BE ASKED FOLLOWING C06Q13, IF C06Q12 = 1 (YES).]

1. Are you now taking insulin? (292)

- 1 Yes
- 2 No
- 9 REFUSED

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(293-295)

NOTE: Enter quantity per day, week, month, or year.

NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98' times per day = 198.

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year

- 888 NEVER
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(296-298)

NOTE: Enter quantity per day, week, month, or year.

- 1 __ Times per day
2 __ Times per week
3 __ Times per month
4 __ Times per year

555 NO FEET
888 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(299-300)

[CATI NOTE: IF MORE THAN 76 TIMES, PLEASE ENTER AS '76.']

NOTE: If more than 76 times, enter '76.'

__ __ Number of times

88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

5. A test for 'A one C' measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for 'A one C'?

(301-302)

[CATI NOTE: IF MORE THAN 76 TIMES, PLEASE ENTER AS '76.']

NOTE: If more than 76 times, enter '76.'

__ __ Number of times

88 NONE
98 NEVER HEARD OF 'A ONE C' TEST
77 DON'T KNOW / NOT SURE
99 REFUSED

[CATI NOTE: IF M02Q03 = 555 (NO FEET), GO TO M02Q07.]

6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(303-304)

[CATI NOTE: IF MORE THAN 76 TIMES, PLEASE ENTER AS '76.']

NOTE: If more than 76 times, enter '76.'

— — Number of times

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(305)

READ ONLY IF NECESSARY:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 7 DON'T KNOW / NOT SURE
- 8 NEVER
- 9 REFUSED

8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(306)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

9. Have you ever taken a course or class in how to manage your diabetes yourself?

(307)

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

[CATI NOTE: ASK 'STDMEDU4' ON QUESTIONNAIRE 11/21.]

[CATI NOTE: ASK ONLY IF M02Q09=1 (YES).]

STDMEDU4 Was this course or class taken within the past 12 months?

(910)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 7: Arthritis Burden

[CATI NOTE: IF C06Q09 = 1 (YES), THEN CONTINUE, ELSE GO TO NEXT SECTION.]

Next, I will ask you about your arthritis. Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

(120)

NOTE: If a question arises about medications or treatment, then the interviewer should say: 'Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.'

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

NOTE: C07Q02 should be asked of all respondents, regardless of employment status.

7.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

(121)

NOTE: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is 'Yes,' mark the overall response as 'Yes.' If a question arises about medications or treatment, then the interviewer should say 'Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.'

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

- 7.3** During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...

(122)

NOTE: If a question arises about medications or treatment, then the interviewer should say: 'Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.'

PLEASE READ:

- 1 A lot
- 2 A little
- 3 Not at all

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

- 7.4** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

(123-124)

__ __ Enter number **[CATI/INTERVIEWER NOTE: RANGE 0-10.]**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 8: Demographics

- 8.1** Are you male or female?

(125)

NOTE: Ask this question even if respondent's gender had been identified during landline household enumeration or cell phone screening questions.

- 1 Male
- 2 Female

- 9 REFUSED

- 8.2** What is your age?

(126-127)

__ __ Enter age in years

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

8.3 Are you Hispanic, Latino/a, or Spanish origin?

(128-131)

If 'Yes,' ask: Are you...

NOTE: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.4 Which one or more of the following would you say is your race?

(132-159)

NOTE: Select all that apply.

NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

PLEASE READ:

- 10 White
- No 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 OTHER
- 88 DO NOT USE (DISREGARD THIS OPTION, PER CDC 2/13/17)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08Q04; CONTINUE. OTHERWISE, GO TO C08Q06.]

8.5 Which one of these groups would you say best represents your race?

(160-161)

NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in 8.4 and refuses to select a single race, code 'REFUSED.'

PLEASE READ:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 OTHER
- 88 DO NOT USE (DISREGARD THIS OPTION, PER CDC 2/13/17)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

8.6 Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

(162)

- 1 MARRIED
- 2 DIVORCED
- 3 WIDOWED
- 4 SEPARATED
- 5 NEVER MARRIED, OR
- 6 A MEMBER OF AN UNMARRIED COUPLE
- 9 REFUSED

8.7 What is the highest grade or year of school you completed?

(163)

READ ONLY IF NECESSARY:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 REFUSED

8.8 Do you own or rent your home?

(164)

NOTE: 'Other arrangement' may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

READ ONLY IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.9 In what county do you currently live?

(165-167)

— — — ANSI County Code (formerly FIPS county code)

777 DON'T KNOW / NOT SURE
999 REFUSED

8.10 What is the ZIP Code where you currently live?

(168-172)

— — — — — ZIP Code

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[CATI NOTE: IF CELL PHONE INTERVIEW, SKIP TO C08Q14 (QSTVER GE 20).]

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(173)

1 Yes

2 No

[GO TO C08Q13]

7 DON'T KNOW / NOT SURE

[GO TO C08Q13]

9 REFUSED

[GO TO C08Q13]

8.12 How many of these telephone numbers are residential numbers?

(174)

Residential telephone numbers [6 = 6 or more] 3/14/17: Formatting of English and Spanish Word documents for this question is different than in the Ci3 code.

1 One

2 Two

3 Three

4 Four

5 Five

6 Six or more

7 DON'T KNOW / NOT SURE

9 REFUSED

8.13 Including phones for business and personal use, do you have a cell phone for personal use?

(175)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(176)

NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

- 8.15** Are you currently employed for wages, self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

(177)

NOTE: If more than one category applies, say 'Please select the category which best describes you.'

NOTE: Do not code '7' for 'Don't know' on this question. (If the SR insists on Don't Know, what response option should they use? Refused? If Refused is to be used as Don't Know that needs to be included in this interview note). 2/13/17: AWAITING RESPONSE FROM CDC.

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired
- 8 Unable to work

9 REFUSED

- 8.16** How many children less than 18 years of age live in your household?

(178-179)

— — Number of children

- 88 NONE
- 99 REFUSED

- 8.17** Is your annual household income from all sources—

(180-181)

NOTE: If respondent refuses at any income level, code '99' (REFUSED).

- 04 Less than \$25,000 If 'No,' code 05; if 'Yes,' ask 03.
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If 'No,' code 04; if 'Yes,' ask 02.
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If 'No,' code 03; if 'Yes,' ask 01.
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If 'No,' code 02.
- 05 Less than \$35,000 If 'No,' ask 06.

- (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If 'No,' ask 07.**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If 'No,' code 08.**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: ASK 'UTIncome' ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: THESE RESPONSE CATEGORIES ARE INCORPORATED INTO C08Q17. WE NEED TO BE ABLE TO REPORT THE C08Q17 CATEGORIES TO THE CDC, BUT WE WANT TO LOOK AT THESE FINER CATEGORIES AT THE STATE LEVEL.]

UTIncome

(901-902)

- 01 less than \$5,000
- 02 \$5,000 to less than \$10,000
- 03 \$10,000 to less than \$15,000
- 04 \$15,000 to less than \$20,000
- 05 \$20,000 to less than \$25,000
- 06 \$25,000 to less than \$30,000
- 07 \$30,000 to less than \$35,000
- 08 \$35,000 to less than \$40,000
- 09 \$40,000 to less than \$45,000
- 10 \$45,000 to less than \$50,000
- 11 \$50,000 to less than \$55,000
- 12 \$55,000 to less than \$60,000
- 13 \$60,000 to less than \$65,000
- 14 \$65,000 to less than \$70,000
- 15 \$70,000 to less than \$75,000
- 16 \$75,000 or more
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

8.18 Have you used the internet in the past 30 days?

(182)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.19 About how much do you weigh without shoes?

(183-186)

NOTE: If respondent answers in metrics, put a '9' in the first position. Round fractions up.

— — — — Weight (*pounds/kilograms*)
 7777 DON'T KNOW / NOT SURE
 9999 REFUSED

8.20 About how tall are you without shoes?

(187-190)

NOTE: If respondent answers in metrics, put a '9' in the first position. Round fractions down.

— — / — — Height (*ft / inches / meters / centimeters*)
 77 / 77 DON'T KNOW / NOT SURE
 99 / 99 REFUSED

[CATI NOTE: IF MALE, GO TO 'SEXOR'; IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO 'SEXOR.']

8.21 To your knowledge, are you now pregnant?

(191)

1 Yes
 2 No
 7 DON'T KNOW / NOT SURE
 9 REFUSED

[CATI NOTE: ASK 'SEXOR' ON BOTH QUESTIONNAIRE PATHS.]

The next question is about sexual orientation and gender identity.

SEXOR Do you consider yourself to be 1, straight; 2, lesbian or gay; or 3, bisexual?

(903)

NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

1 STRAIGHT
 2 LESBIAN OR GAY
 3 BISEXUAL

- 4 OTHER
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing? (192)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.25 Do you have serious difficulty walking or climbing stairs? (195)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.26 Do you have difficulty dressing or bathing? (196)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (198)

NOTE: For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

NOTE: 5 packs = 100 cigarettes.

- 1 Yes
- 2 No [GO TO C09Q05]
- 7 DON'T KNOW / NOT SURE [GO TO C09Q05]
- 9 REFUSED [GO TO C09Q05]

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL [GO TO C09Q04]
- 7 DON'T KNOW / NOT SURE [GO TO C09Q05]
- 9 REFUSED [GO TO C09Q05]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (200)

- 1 Yes [GO TO QUIT30]
- 2 No [GO TO C09Q05]

- | | | |
|---|-----------------------|----------------|
| 7 | DON'T KNOW / NOT SURE | [GO TO C09Q05] |
| 9 | REFUSED | [GO TO C09Q05] |

[CATI NOTE: ASK 'QUIT30' ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: ASK ONLY IF C09Q03 = 1 (YES).]

QUIT30 During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking?

(904)

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | [GO TO C09Q05] |
| 2 | No | [GO TO C09Q05] |
| 7 | DON'T KNOW / NOT SURE | [GO TO C09Q05] |
| 9 | REFUSED | [GO TO C09Q05] |

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?
(201-202)

READ ONLY IF NECESSARY:

- | | |
|----|--|
| 01 | Within the past month (less than 1 month ago) |
| 02 | Within the past 3 months (1 month but less than 3 months ago) |
| 03 | Within the past 6 months (3 months but less than 6 months ago) |
| 04 | Within the past year (6 months but less than 1 year ago) |
| 05 | Within the past 5 years (1 year but less than 5 years ago) |
| 06 | Within the past 10 years (5 years but less than 10 years ago) |
| 07 | 10 years or more |
| 08 | Never smoked regularly |
| 77 | DON'T KNOW / NOT SURE |
| 99 | REFUSED |

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

(203)

NOTE: Snus (rhymes with 'goose')/ snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- | | |
|---|-----------------------|
| 1 | EVERY DAY |
| 2 | SOME DAYS |
| 3 | NOT AT ALL |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED |

Section 10: E-Cigarettes

The next questions are about electronic cigarettes and other electronic 'vaping' products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

- 10.1** Have you ever used an e-cigarette or other electronic 'vaping' product, even just one time, in your entire life?

(204)

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic 'vaping' products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

1 Yes

2 No

[GO TO NEXT SECTION]

7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]

9 REFUSED [GO TO NEXT SECTION]

- 10.2** Do you now use e-cigarettes or other electronic 'vaping' products every day, some days, or not at all?

(205)

1 EVERY DAY

2 SOME DAYS

3 NOT AT ALL

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 11: Alcohol Consumption

- 11.1** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(206-208)

1 __ Days per week

2 __ Days in past 30 days

888 NO DRINKS IN PAST 30 DAYS [GO TO NEXT SECTION]

777 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]

999 REFUSED [GO TO NEXT SECTION]

- 11.2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(209-210)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

-- Number of drinks

77 DON'T KNOW / NOT SURE

99 REFUSED

- 11.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?

(211-212)

-- Number of times

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

- 11.4** During the past 30 days, what is the largest number of drinks you had on any occasion?

(213-214)

-- Number of drinks

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

- 12.1** Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

(215-217)

NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':

Include fresh, frozen or canned fruit. Do not include dried fruits.

1__ Day
2__ Week
3__ Month

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW
999 REFUSED

- 12.2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

(218-220)

NOTE: Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:

Do not include fruit-flavored drinks with added sugar like Cranberry Cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.

1__ Day
2__ Week
3__ Month

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW
999 REFUSED

- 12.3** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(221-223)

NOTE: Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

READ IF RESPONDENT ASKS ABOUT SPINACH: Include spinach salads.

1__ Day
2__ Week
3__ Month

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW
999 REFUSED

- 12.4** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

(224-226)

NOTE: Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: Do not include potato chips.

1__ Day
2__ Week
3__ Month

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW
999 REFUSED

- 12.5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(227-229)

NOTE: Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:
Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes. Do not include potato chips.

1__ Day
2__ Week
3__ Month

300 LESS THAN ONCE A MONTH
555 NEVER
777 DON'T KNOW
999 REFUSED

- 12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables?

(230-232)

NOTE: Enter quantity in in times per day, week, or month. If respondent gives a number without a timeframe, ask 'Was that per day, week, or month?'

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.

- 1_ _ Day
- 2_ _ Week
- 3_ _ Month

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW
- 999 REFUSED

[CATI NOTE: ASK 'FAMDIN1' ON QUESTIONNAIRES 11/21.]

FAMDIN1 During the past month, how many times per day, week, or month did all or most of your family living in your house eat a meal together?

(905-907)

NOTE: This question is asked only if there are children under age 18 in the household.

- 1_ _ Day
- 2_ _ Week
- 3_ _ Month

- 300 LESS THAN ONCE A MONTH
- 555 NEVER
- 777 DON'T KNOW
- 999 REFUSED

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a 'regular job duty' or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

13.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(233)

- 1 Yes
- 2 No

[GO TO C13Q08]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[GO TO C13Q08]

[GO TO C13Q08]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the physical activity coding list, choose the option listed as 'Other.'

13.2 What type of physical activity or exercise did you spend the most time doing during the past month?

(234-235)

-- (Specify)

[SEE PHYSICAL ACTIVITY CODING LIST.]

77 DON'T KNOW / NOT SURE **[GO TO C13Q08]**

99 REFUSED **[GO TO C13Q08]**

13.3 How many times per week or per month did you take part in this activity during the past month?

(236-238)

1__ Times per week

2__ Times per month

777 DON'T KNOW / NOT SURE

999 REFUSED

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(239-241)

_:__ Hours and minutes

777 DON'T KNOW / NOT SURE

999 REFUSED

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the physical activity coding list, choose the option listed as 'Other.'

13.5 What other type of physical activity gave you the next most exercise during the past month?

(242-243)

-- (Specify)

[SEE PHYSICAL ACTIVITY CODING LIST.]

88 NO OTHER ACTIVITY **[GO TO C13Q08]**

77 DON'T KNOW / NOT SURE **[GO TO C13Q08]**

99 REFUSED **[GO TO C13Q08]**

13.6 How many times per week or per month did you take part in this activity during the past month?

(244-246)

1__ Times per week

2__ Times per month

777 DON'T KNOW / NOT SURE
999 REFUSED

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(247-249)

__ : __ Hours and minutes

777 DON'T KNOW / NOT SURE
999 REFUSED

13.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

(250-252)

1__ Times per week
2__ Times per month

888 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

[CATI NOTE: ASK 'STAB05' ON BOTH QUESTIONNAIRE PATHS.]

STAB05 During the last 30 days, on how many days did you walk to and from work, to do errands, or to go from place to place? Only include days that you walked for at least 10 minutes and do not include walking for recreation or exercise.

(908-909)

__ Days in the last 30

88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say...

(253)

PLEASE READ:

1 Always
2 Nearly always
3 Sometimes

- 4 Seldom
- 5 Never

- 7 DON'T KNOW / NOT SURE
- 8 NEVER DRIVE OR RIDE IN A CAR
- 9 REFUSED

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

- 15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(254)

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [GO TO C15Q3]

- 7 DON'T KNOW / NOT SURE [GO TO C15Q3]
- 9 REFUSED [GO TO C15Q3]

- 15.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

(255-260)

__ / ____ Month / Year

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

- 15.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(261)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: IF RESPONDENT IS LESS THAN 50 YEARS OF AGE, GO TO NEXT SECTION.]

15.4 Have you ever had the shingles or zoster vaccine?

(262)

INTERVIEWER NOTE (READ IF NECESSARY): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called ZOSTAVAX®, the zoster vaccine, or the shingles vaccine.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(263)

- 1 Yes
- 2 No [GO TO C16Q03]
- 7 DON'T KNOW / NOT SURE [GO TO C16Q03]
- 9 REFUSED [GO TO C16Q03]

16.2 Not including blood donations, in what month and year was your last HIV test?

(264-269)

NOTE: If response is before January 1985, code 'Don't know.'

NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. Example: 772000.

__ / ____ Code month and year

- 77/7777 DON'T KNOW / NOT SURE
- 99/9999 REFUSED / NOT SURE

16.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

(270)

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Optional Modules

Module 6: Arthritis Management

[CATI NOTE: ASK ARTHRITIS MANAGEMENT OPTIONAL MODULE 6 QUESTIONS ON QUESTIONNAIRE 12/22.]

[CATI NOTE: IF C06Q9 = 1 (YES), CONTINUE. OTHERWISE, GO TO NEXT MODULE.]

1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY? (331)

PLEASE READ:

- | | |
|---|--|
| 1 | I can do everything I would like to do. |
| 2 | I can do most things I would like to do. |
| 3 | I can do some things I would like to do. |
| 4 | I can hardly do anything I would like to do. |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED |
2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? (332)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED |
3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? (333)
- NOTE:** If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | DON'T KNOW / NOT SURE |
| 9 | REFUSED |
4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(334)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 16: Preconception Health/Family Planning

[CATI NOTE: ASK PRECONCEPTION HEALTH/FAMILY PLANNING OPTIONAL MODULE 16 QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE, GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

1. Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

(436)

- 1 Yes
- 2 No **[GO TO M16Q03]**
- 3 No partner/not sexually active **[GO TO STFP4]**
- 4 Same sex partner **[GO TO STFP4]**
- 5 Has had a hysterectomy **[GO TO NEXT MODULE]**
- 7 DON'T KNOW / NOT SURE **[GO TO M16Q03]**
- 9 REFUSED **[GO TO M16Q03]**

2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

(437-438)

NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

NOTE: If respondent reports using 'condoms,' probe to determine if 'female condoms' or male condoms.

NOTE: If respondent reports using an 'IUD' probe to determine if 'Levonorgestrel IUD' or 'copper-bearing IUD.'

NOTE: If respondent reports 'other method,' ask respondent to 'please be specific' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

01	Female sterilization (ex. tubal ligation, Essure, Adiana)	[GO TO NEXT MODULE]
02	Male sterilization (vasectomy)	[GO TO NEXT MODULE]
03	Contraceptive implant (ex. Implanon)	[GO TO STFP4]
04	Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)	[GO TO STFP4]
05	Copper-bearing IUD (ex. ParaGard)	[GO TO STFP4]
06	IUD, type unknown	[GO TO STFP4]
07	Shots (ex. Depo-Provera)	[GO TO STFP4]
08	Birth control pills, any kind	[GO TO STFP4]
09	Contraceptive patch (ex. Ortho Evra)	[GO TO STFP4]
10	Contraceptive ring (ex. NuvaRing)	[GO TO STFP4]
11	Male condoms	[GO TO STFP4]
12	Diaphragm, cervical cap, sponge	[GO TO STFP4]
13	Female condoms	[GO TO STFP4]
14	Not having sex at certain times (rhythm or natural family planning)	[GO TO STFP4]
15	Withdrawal (or pulling out)	[GO TO STFP4]
16	Foam, jelly, film, or cream	[GO TO STFP4]
17	Emergency contraception (morning after pill)	[GO TO STFP4]
18	Other method	[GO TO STFP4]
77	DON'T KNOW / NOT SURE	
99	REFUSED	

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

3. What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant? (439-440)

NOTE: If respondent reports 'other reason,' ask respondent to 'Please specify' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons

- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: ASK 'STFP4' ON BOTH QUESTIONNAIRE PATHS.]

STFP4 How do you feel about having a child now or sometime in the future? Would you say...

(911)

PLEASE READ:

- 1 You don't want to have one
- 2 You do want to have one, less than 12 months from now
- 3 You do want to have one, between 12 months to less than 2 years from now
- 4 You do want to have one, between 2 years to less than 5 years from now
- 5 You do want to have one, 5 or more years from now

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 21: Caregiving

[CATI NOTE: ASK CAREGIVING OPTIONAL MODULE 21 QUESTIONS ON QUESTIONNAIRE 12/22.]

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

- 1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

(457)

NOTE: If caregiving recipient has died in the past 30 days, say 'I'm so sorry to hear of your loss.' and code 8.

- 1 Yes
- 2 No **[GO TO M21Q09]**

- 7 DON'T KNOW / NOT SURE **[GO TO M21Q09]**

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS [GO TO NEXT MODULE]
9 REFUSED [GO TO M21Q09]

2. What is his or her relationship to you? For example, is he or she your (mother or daughter or father or son)?

(458-459)

NOTE: If more than one person, say: 'Please refer to the person to whom you are giving the most care.'

NOTE: Do not read.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 16 Unmarried partner (2/27/17: ADDED by CDC.)

77 DON'T KNOW / NOT SURE

99 REFUSED

3. For how long have you provided care for that person? Would you say...

(460)

PLEASE READ:

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 5 years or more

7 DON'T KNOW / NOT SURE

9 REFUSED

4. In an average week, how many hours do you provide care or assistance? Would you say...

(461)

PLEASE READ:

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

5. What is the main health problem, long-term illness, or disability that the person you care for has?

(462-463)

READ IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Dementia and other Cognitive Impairment Disorders such as Alzheimer's disease
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

6. In the past 30 days, did you provide care for this person by...
Managing personal care such as giving medications, feeding, dressing, or bathing?

(464)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

7. In the past 30 days, did you provide care for this person by...

Managing household tasks such as cleaning, managing money, or preparing meals?
(465)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

8. Of the following support services, which one do you most need, that you are not currently getting?
(466)

NOTE: If respondent asks what respite care is, say 'Respite care means short-term breaks for people who provide care.'

PLEASE READ:

- 1 Classes about giving care, such as giving medications
- 2 Help in getting access to services
- 3 Support groups
- 4 Individual counseling to help cope with giving care
- 5 Respite care
- 6 You don't need any of these support services

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: IF M21Q01 = 1 OR 8, GO TO NEXT MODULE.]

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?
(467)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 22: Cognitive Decline

[CATI NOTE: ASK COGNITIVE DECLINE OPTIONAL MODULE 22 QUESTIONS ON QUESTIONNAIRE 12/22.]

[CATI NOTE: IF RESPONDENT IS 45 YEARS OF AGE OR OLDER CONTINUE, ELSE GO TO NEXT MODULE.]

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

1. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? (468)

1	Yes	
2	No	[GO TO NEXT MODULE]
7	DON'T KNOW	[GO TO M22Q02]
9	REFUSED	[GO TO NEXT MODULE]

2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say... (469)

PLEASE READ:

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	DON'T KNOW
9	REFUSED

3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say... (470)

PLEASE READ:

1	Always	
2	Usually	
3	Sometimes	
4	Rarely	[GO TO M22Q05]
5	Never	[GO TO M22Q05]
7	DON'T KNOW	[GO TO M22Q05]
9	REFUSED	[GO TO M22Q05]

[CATI NOTE: IF M22Q03 = 1, 2, OR 3, CONTINUE. IF M22Q03 = 4, 5, 7, OR 9, GO TO M22Q05.]

4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say...

(471)

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 DON'T KNOW
- 9 REFUSED

5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say...

(472)

PLEASE READ:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 DON'T KNOW
- 9 REFUSED

6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

(473)

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

Module 24: Social Determinants of Health

[CATI NOTE: ASK SOCIAL DETERMINANTS OF HEALTH OPTIONAL MODULE 24 ON BOTH QUESTIONNAIRE PATHS.]

1. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (476)

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

2. In the last 12 months, how many times have you moved from one home to another? (477-478)

___ ___ Number of moves in past 12 months [01-52]

88 NONE (DID NOT MOVE IN PAST 12 MONTHS)
77 DON'T KNOW / NOT SURE
99 REFUSED

3. How safe from crime do you consider your neighborhood to be? Would you say... (479)

PLEASE READ:

1 Extremely safe
2 Safe
3 Unsafe
4 Extremely unsafe

7 DON'T KNOW / NOT SURE
9 REFUSED

For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last **[CATI NOTE: NAME OF CURRENT MONTH]**).

4. The first statement is, 'The food that I bought just didn't last, and I didn't have money to get more.' Was that often, sometimes, or never true for you in the last 12 months? (480)

1 OFTEN TRUE
2 SOMETIMES TRUE
3 NEVER TRUE
7 DON'T KNOW / NOT SURE
9 REFUSED

5. 'I couldn't afford to eat balanced meals.' Was that often, sometimes, or never true for you in the last 12 months? (481)

1 OFTEN TRUE

- 2 SOMETIMES TRUE
- 3 NEVER TRUE
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

6. In general, how do your finances usually work out at the end of the month? Do you find that you usually:

(482)

PLEASE READ:

- 1 End up with some money left over
- 2 Have just enough money to make ends meet
- 3 Do not have enough money to make ends meet

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

(483)

PLEASE READ:

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 27: Firearm Safety

[CATI NOTE: ASK FIREARM SAFETY OPTIONAL MODULE 27 QUESTIONS ON QUESTIONNAIRE 11/21.]

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

READ ONLY IF NECESSARY: This data is gathered to inform suicide prevention activities only. Suicide is the leading cause of firearm death in Utah and safe firearm storage can help prevent suicide.

1. Are any firearms now kept in or around your home? (686)

1	Yes	
2	No	[GO TO NEXT MODULE]
7	DON'T KNOW / NOT SURE	[GO TO NEXT MODULE]
9	REFUSED	[GO TO NEXT MODULE]

2. Are any of these firearms now loaded? (687)

1	Yes	
2	No	[GO TO NEXT MODULE]
7	DON'T KNOW / NOT SURE	[GO TO NEXT MODULE]
9	REFUSED	[GO TO NEXT MODULE]

3. Are any of these loaded firearms also unlocked? (688)

READ IF NECESSARY: By 'unlocked' we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

1	Yes	
2	No	
7	DON'T KNOW / NOT SURE	
9	REFUSED	

Module 28: Random Child Selection

[CATI NOTE: IF C08Q16 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

[CATI NOTE: IF C08Q16 = 1, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.' GO TO M28Q1.]

[CATI NOTE: IF C08Q16 IS >1 AND C0Q8.16 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: 'PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.']

[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE 'XTH' CHILD. PLEASE SUBSTITUTE 'XTH' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]

I have some additional questions about one specific child. The child I will be referring to is the 'Xth' child. **[CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE 'XTH' [CATI NOTE: PLEASE FILL IN] CHILD.]**

1. What is the birth month and year of the 'Xth' child?

(689-694)

__ / ____ Code month and year

77/7777 DON'T KNOW / NOT SURE
99/9999 REFUSED

[CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).]

2. Is the child a boy or a girl?

(695)

1 Boy
2 Girl

9 REFUSED

3. Is the child Hispanic, Latino/a, or Spanish origin?

(696-699)

INTERVIEWER INSTRUCTION: If 'Yes,' ask: 'Are they...'

NOTE: One or more categories may be selected.

PLEASE READ:

1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin

5 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

4. Which one or more of the following would you say is the race of the child?

(700-727)

NOTE: Select all that apply.

NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 OTHER
- 88 DO NOT USE (DISREGARD THIS OPTION, PER CDC 2/13/17)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

5. Which one of these groups would you say best represents the child's race?

(728-729)

NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese

- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 OTHER
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

6. How are you related to the child? Would you say...

(730)

PLEASE READ:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 29: Childhood Asthma Prevalence

[CATI NOTE: IF RESPONSE TO C08Q16 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.]

The next two questions are about the 'Xth' **[CATI NOTE: PLEASE FILL IN CORRECT NUMBER]** child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma? (731)

- 1 Yes
- 2 No

[GO TO NEXT MODULE]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[GO TO NEXT MODULE]
[GO TO NEXT MODULE]

2. Does the child still have asthma?

(732)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

State-Added Questions

Binge Drinking

[CATI NOTE: ASK BINGE DRINKING QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C011Q3 >= 1 AND <77, CONTINUE. OTHERWISE, GO TO THE NEXT SECTION.]

Previously, you answered that you drank [5 or more for men, 4 or more for women] alcoholic beverages on at least one occasion in the past 30 days. The next questions are about the most recent occasion when this happened. For these questions, one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor. So a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

NOTE: If asked, 'occasion' means in a row or within a few hours.

DRNKBER1 During the most recent occasion when you had [5 or more for men, 4 or more for women] alcoholic beverages, about how many beers, including malt liquor, did you drink?

(912-913)

-- Number of beers

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

DRNKWIN1 During the same occasion, about how many glasses of wine did you drink?

(914-915)

-- Number of glasses of wine

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

DRNKLIQR During the same occasion, about how many drinks of liquor, including cocktails, did you have?

(916-917)

-- Number of drinks of liquor

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

DRNKPMIX During the same occasion, about how many other pre-mixed, flavored drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

(918-919)

-- Number of pre-mixed drinks

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

DRNKLOC1 During this most recent occasion, where were you when you did most of your drinking?

(920)

READ ONLY IF NECESSARY:

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 OTHER
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

BINGEDRV Did you drive a motor vehicle, such as a car, truck, or motorcycle during or within a couple of hours of this occasion?

(921)

NOTE: For those with concerns about this question, answering 'Yes' is not meant to imply they were drunk driving or breaking the law.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: ASK BINGEPAY ONLY IF RESPONSE TO DRNKLOC1 = 3 OR 4, OTHERWISE, GO TO NEXT SECTION.]

BINGEPAY During this most recent occasion, approximately how much did you pay for the alcohol which you drank?

NOTE: If anyone asks, they do not need to include the amount spent on tips.
(922-924)

— — — Total amount paid do we need to indicate we want \$\$?

888 PAID NOTHING, ALL DRINKS WERE FREE OR PAID FOR BY OTHERS
777 DON'T KNOW / NOT SURE
999 REFUSED

Insurance and Access

[CATI NOTE: ASK INSURANCE AND ACCESS QUESTIONS ON QUESTIONNAIRE 11/21.]

[CATI NOTE: ALL QUESTION NAMES BEGINNING WITH A 'K' WILL BE ASKED ABOUT THE RANDOMLY SELECTED CHILD. IF C03Q01 = 1, 7, OR 9, ASK COVTYPE. OTHERWISE, GO TO KCOVTYPE.]

NOTE: The introduction to 'Insurance and Access' questions changes depending on how the respondent answered the core health insurance question and whether or not they have a child in the household.

Next, I'd like to ask a few more questions about your [and your child's] health insurance coverage.

[CATI/INTERVIEWER NOTE: IF C03Q01 = 1, READ: 'EARLIER, YOU SAID YOU DID HAVE HEALTH CARE COVERAGE.']

[CATI/INTERVIEWER NOTE: IF C03Q01 = 2, READ: 'EARLIER, YOU SAID YOU DID NOT HAVE ANY HEALTH CARE COVERAGE. THERE ARE SOME TYPES OF PLANS YOU MAY NOT HAVE CONSIDERED.']

[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

COVtype Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?
(925-938)

NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace Avenue H, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select '02,' if Medicaid, select '04.'

NOTE: Select all that apply.

PLEASE READ:

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 None (no coverage)

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: IF NO SELECTED CHILD, GO TO INSTRUCTIONS BEFORE WHY.]

[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

KCOVtype Is the child CURRENTLY covered by any of the following types of health insurance or health coverage plans?

(939-954)

NOTE: Select all that apply.

NOTE: The Utah Children's Health Insurance Program, or CHIP, is a program for children of working parents whose children are uninsured or who earn too much for Medicaid benefits.

PLEASE READ:

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 Utah Children's Health Insurance Program or CHIP
- 06 TRICARE (formerly CHAMPUS), VA, or Military
- 07 Alaska Native, Indian Health Service, Tribal Health Services
- 08 Some other source
- 09 None (no coverage)

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE CHILD IS NOW DETERMINED. THE CHILD IS INSURED IF 'KCOVTYPE' = 01-08. THE CHILD IS UNINSURED IF 'KCOVTYPE' = 09. THE CHILD'S INSURANCE STATUS IS UNDETERMINED IF 'KCOVTYPE' = 77 OR 99. 0 = UNDETERMINED, 1=INSURED, 2=UNINSURED. CHILDREN WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO

'KHLTHEX'; CHILDREN WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'KUNINS'; AND CHILDREN WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO 'KINSDELY.']

[CATI/INTERVIEWER NOTE: THE INSURANCE STATUS OF THE ADULT IS NOW DETERMINED. THE ADULT IS INSURED IF 'COVTYPE' = 01-07 OR CORE 3.1 = 1. THE ADULT IS UNINSURED IF 'COVTYPE' = 08 AND CORE 3.1 = 1 OR 2. THE ADULT'S INSURANCE STATUS IS UNDETERMINED IF 'COVTYPE' = 77 OR 99 OR CORE 3.1 = 77 OR 99. 0 = UNDETERMINED, 1=INSURED, 2=UNINSURED. ADULTS WITH INSURANCE STATUS = 1 (INSURED) WILL SKIP TO 'HLTHEX'; ADULTS WITH INSURANCE STATUS = 2 (UNINSURED) WILL SKIP TO 'UNINS' (AFTER BEING ASKED THE NEXT 'K' QUESTIONS, IF APPLICABLE); AND ADULTS WITH INSURANCE STATUS = 0 (UNDETERMINED) WILL SKIP TO 'INSDELY'.]

HLTHEX Is that coverage through either the Federal Health Exchange or Utah's state health exchange 'Avenue H'?

(955)

1	Yes
2	No
7	DON'T KNOW / NOT SURE
9	REFUSED

KHLTHEX Is the child's coverage through either the Federal Health Exchange or Utah's state health exchange 'Avenue H'?

(956)

1	Yes
2	No
7	DON'T KNOW / NOT SURE
9	REFUSED

[CATI/INTERVIEWER NOTE: UNINSURED ADULTS WILL BE ASKED 'UNINS' AND 'WHY' QUESTIONS; UNINSURED CHILDREN ARE ASKED 'KUNINS' AND 'KWHY' QUESTIONS. INSURED ADULTS WILL SKIP TO 'KUNINS' AND NOT BE ASKED 'UNINS' AND 'WHY' QUESTIONS AND THEN BE ASKED 'INSDELY.' INSURED CHILDREN WILL NOT BE ASKED 'KUNINS' AND 'KWHY' QUESTIONS BUT SKIP TO 'KINSDELY.']

UNINS For how many months have you been uninsured?

(957-958)

00	Less than 4 weeks	[GO TO WHY]
01-60	Enter # of months	[GO TO WHY]
61	More than 5 years	[GO TO WHY]
77	DON'T KNOW / NOT SURE	[GO TO WHY]
99	REFUSED	[GO TO WHY]

KUNINS For how many months has the child been uninsured? (959-960)

00	Less than 4 weeks	[GO TO KWHY]
01-60	Enter # of months	[GO TO KWHY]
61	More than 5 years	[GO TO KWHY]
77	DON'T KNOW / NOT SURE	[GO TO KWHY]
99	REFUSED	[GO TO KWHY]

[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]

[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

WHY I am going to read a list of reasons why you might be uninsured. Please tell me which reasons apply to you. Are you uninsured because... (961-978)

NOTE: Select all that apply.

PLEASE READ:

- 1 Your [or someone else's] employer does not or no longer offers insurance coverage to you
- 2 You [or someone else in the household] lost a job or changed employers
- 3 You [or someone else in the household] is a temporary employee
- 4 You [or someone else in the household] is self-employed
- 5 The premiums cost too much
- 6 You are healthy and decided it would be safe to go without insurance
- 7 The insurance company REFUSED to cover you
- 8 You lost Medicaid or CHIP eligibility
- 66 Some other reason
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: IF NO CHILDREN OR CHILD IS INSURED, GO TO 'INSELY.']

[CATI NOTE: DISPLAY WORDS IN BRACKETS IF THERE IS MORE THAN 1 ADULT LIVING IN THE HOUSEHOLD.]

[CATI NOTE: ALLOW MULTIPLE RESPONSES TO BE SELECTED.]

KWHY Now I would like to ask about reasons why THE CHILD might be uninsured. I am going to read a list of reasons, please tell me which reasons apply to the child. Is the child uninsured because ...

(979-996)

NOTE: Read responses, select all that apply.

- 1 Your [or someone else's] employer does not or no longer offers insurance coverage to the child
- 2 You [or someone else in the household] lost a job or changed employers
- 3 You [or someone else in the household] is a temporary employee
- 4 You [or someone else in the household] is self-employed
- 5 The premiums cost too much
- 6 The child is healthy and it was considered safe for [him/her] to go without insurance
- 7 The insurance company refused to cover [him/her]
- 8 The child lost Medicaid or CHIP eligibility
- 66 Some other reason

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[CATI NOTE: IF 'UNINS' > 12 MONTHS (THE ADULT HAS BEEN UNINSURED FOR MORE THAN 12 MONTHS), GO TO 'EMPLOYED.']

The Health Department is working on ways to improve access to health care, especially for persons who are currently not getting health care when they need it. The next few questions ask about some reasons people might DELAY OR HAVE PROBLEMS getting MEDICAL, DENTAL, MENTAL HEALTH OR OTHER CARE for themselves.

INSDELY In the past 12 months, did you have problems or delay seeking care for yourself because the service was not covered by your insurance? (997)

NOTE: This question is asked of all individuals, even if they currently do not have insurance. The reason is that at some point in the last 12 months they may have had insurance and encountered this problem.

- 1 Yes
- 2 No
- 3 Person uninsured all 12 months

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

KINSELY In the past 12 months, did the child have problems or was there a delay in seeking care for the child because the service was not covered by his/her insurance? (998)

NOTE: This question is asked of all individuals, even if they currently do not have insurance. The reason is that at some point in the last 12 months they may have had insurance and encountered this problem.

- 1 Yes
- 2 No

- 3 Child Uninsured all 12 months
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

KCOSTDEL Thinking about the child, in the past 12 months, did you have problems or delay getting care for the child because the services cost too much?

(999)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: If C08Q15 = 3, 4, 5, 6, 7, 8, or 9, go to 'EMPLOYED.' If C08Q15 = 1 or 2, go to 'HOURSWKD.']

EMPLOYED I am going to ask a few questions about work related activities. Do you do any work for either pay or profit?

(1000)

NOTE: If respondent asks why we are asking about employment, say: 'By asking about employment and where people work, the health department is trying to understand more about companies that offer health insurance.'

NOTE: If respondent says they have been on vacation recently, it is still necessary to get information on employment. Ask: 'Do you currently work for pay or profit?'

- | | | |
|---|-----------------------|-----------------------------|
| 1 | Yes | [GO TO HOURSWKD] |
| 2 | No | [GO TO NEXT SECTION] |
| 7 | DON'T KNOW / NOT SURE | [GO TO HOURSWKD] |
| 9 | REFUSED | [GO TO HOURSWKD] |

[CATI NOTE: IF 'EMPLOYED' = 1, 7, OR 9, GO TO 'HOURSWKD.' IF 'EMPLOYED' = 2, GO TO NEXT SECTION.]

[CATI NOTE: IF C07Q15 = 1 OR 2, SHOW 'EARLIER YOU SAID YOU ARE [FILL IN WITH EITHER 'EMPLOYED FOR WAGES' OR 'SELF-EMPLOYED']]

HOURSWKD How many hours per week do you usually work at your main job?

(1001-1002)

READ IF NECESSARY: By 'main job,' I mean the one at which you usually work the most hours.

-- Hours **[CATI/INTERVIEWER NOTE: 70 = 70 HOURS OR MORE.]**

77 DON'T KNOW / NOT SURE
99 REFUSED

Suicide Attempts

[CATI NOTE: ASK SUICIDE QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

We are going to ask you a question about previous suicide attempts. We realize that this topic may bring up experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free national suicide prevention hotline you can call. The number is 1-800-273-8255.

STSUICID During your lifetime, how many times have you attempted suicide? (1003)

1 0 times
2 1 time
3 2 or 3 times
4 4 or 5 times
5 6 or more times

7 DON'T KNOW / NOT SURE
9 REFUSED

VIPP did not include these options when they submitted their proposal but claude put in it

Cancer Survivorship

[CATI NOTE: ASK CANCER SURVIVORSHIP QUESTIONS ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C06Q6 OR C06Q7 = 1 (YES), CONTINUE, ELSE GO TO NEXT SECTION.]

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

CSRVAGE1 At what age were you first diagnosed with cancer? (1004-1005)
__ Code age in years **[CATI/INTERVIEWER NOTE: 97 = 97 AND OLDER.]**

98 DON'T KNOW / NOT SURE
99 REFUSED

CSRVTYPE1 What type of cancer were you last diagnosed with? (1006-1007)

NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-29].

NOTE: Record only 1 cancer type, this question is referring to the respondent's most recent cancer diagnosis.

Breast:

- 01 Breast cancer

Female Reproductive (gynecologic):

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

Head/Neck:

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

Gastrointestinal:

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow):

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

Male Reproductive:

- 19 Prostate cancer
- 20 Testicular cancer

Skin:

- 21 Melanoma
- 22 Other skin cancer

Thoracic:

- 23 Heart
- 24 Lung

Urinary:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others:

- 27 Bone

- 28 Brain
- 29 Neuroblastoma
- 30 Other

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

CSRVTRT1 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. (1008)

READ IF NECESSARY:

- 1 Yes
 - 2 No, I've completed treatment
 - 3 No, I've refused treatment
 - 4 No, I haven't started treatment
 - 5 Treatment was not needed

 - 7 DON'T KNOW / NOT SURE
 - 9 REFUSED
- [GO TO NEXT SECTION]
[GO TO NEXT SECTION]
[GO TO NEXT SECTION]
[GO TO NEXT SECTION]
[GO TO NEXT SECTION]

CSRVTRN1 Have you EVER received WRITTEN OR PRINTED INSTRUCTIONS from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer? (1009)

- 1 Yes, received written/printed instructions
- 2 No, did NOT receive written/printed instructions

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CSRVINSR With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? (1010)

NOTE: 'Health insurance' also includes Medicare, Medicaid, or other types of state health programs.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CSRVCLIN Did you participate in a clinical trial as part of your cancer treatment? (1011)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CSRVPAIN Do you currently have physical pain caused by your cancer or cancer treatment? (1012)

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

CSRVCTRL Is your pain currently under control? Would you say... (1013)

PLEASE READ:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Chronic Pain

[CATI NOTE: ASK CHRONIC PAIN QUESTIONS ON QUESTIONNAIRE 12/22.]

STCHRPN1 Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently? (1014)

- 1 Yes
- 2 No **[GO TO NEXT SECTION]**
- 7 DON'T KNOW / NOT SURE **[GO TO NEXT SECTION]**
- 9 REFUSED **[GO TO NEXT SECTION]**

STCHRPN2 Opioids are medications that relieve pain. Some opioids such as hydrocodone and morphine can be prescribed by a healthcare provider. Other opioids like heroin cannot be prescribed. Do you use pain medications prescribed to you by a doctor to treat your chronic pain? (1015)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Prescription Drug Use

[CATI NOTE: ASK PRESCRIPTION DRUG USE QUESTIONS ON QUESTIONNAIRE 11/21.]

Next I would like to ask you some questions about prescription pain medicine and other drug overdoses.

STPDRU1 In the past year, did you use prescription pain medication that was NOT prescribed to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter. (1016)

- 1 Yes
- 2 No **[GO TO STPDRU5]**

- 7 DON'T KNOW / NOT SURE **[GO TO STPDRU5]**
- 9 REFUSED **[GO TO STPDRU5]**

STPDRU2 In the past 30 days, did you use prescription pain medication that was NOT prescribed to you by a doctor? We only want to know about prescription medication, not medication that is available over the counter. (1017)

PLEASE READ:

- 1 Yes
- 2 No **[GO TO STPDRU5]**

- 7 DON'T KNOW / NOT SURE **[GO TO STPDRU5]**
- 9 REFUSED **[GO TO STPDRU5]**

STPDRU3 Think of the last time you used prescription pain medication that was not prescribed to you, or was prescribed to you for something else. What were the reasons you used the prescription pain medication? (1018)

NOTE: Mark all responses that are mentioned.

- 1 TO RELIEVE PAIN
- 2 TO RELIEVE OTHER PHYSICAL SYMPTOMS
- 3 TO RELIEVE ANXIETY OR DEPRESSION
- 4 FOR FUN, GOOD FEELING, GETTING HIGH
- 5 TO PREVENT OR RELIEVE WITHDRAWAL SYMPTOMS

6 TO HELP FALL ASLEEP
7 OTHER (SPECIFY): _____

77 DON'T KNOW / NOT SURE
99 REFUSED

STPDRU4 When people take prescription pain medicine that is not prescribed to them, such as Vicodin, OxyContin, or Lortab, how much risk do they take? (1019)

PLEASE READ:

1 No risk
2 Slight risk
3 Moderate risk
4 Great risk

7 DON'T KNOW / NOT SURE
9 REFUSED

Naloxone, also called Narcan, is a medication that can reverse overdoses from prescription pain medications or heroin.

NOTE: Naloxone is pronounced 'Na-lahx-own.'

STPDRU5 Have you ever heard of this medication? (1020)

1 Yes
2 No [GO TO NEXT SECTION]

7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
9 REFUSED [GO TO NEXT SECTION]

STPDRU6 Have you received Naloxone (or Narcan) to use if someone you know overdoses on prescription pain medications or heroin? (1021)

1 Yes
2 No [GO TO NEXT SECTION]

7 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
9 REFUSED [GO TO NEXT SECTION]

STPDRU7 Have you used Naloxone to reverse a suspected overdose? (1022)

1 Yes
2 No

- 7 DON'T KNOW / NOT SURE
9 REFUSED

Child Autism

[CATI NOTE: ASK CHILD AUTISM QUESTIONS ON BOTH QUESTIONNAIRES.]

[CATI NOTE: IF C08Q16 INDICATES THERE ARE CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, THEN RESPONSES FROM THE RANDOM CHILD SELECTION MODULE WILL BE USED TO DETERMINE WHICH CHILD THE RESPONDENT WILL BE ASKED ABOUT. IF C08Q16 = 88 OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD OR REFUSED), GO TO NEXT SECTION.]

[CATI NOTE: PLEASE SUBSTITUTE 'XTH' CHILD'S NUMBER IN ALL QUESTIONS BELOW.]

The next few questions are about your Xth child.

NOTE: 'Xth' child refers to the child about whom the respondent answered the 'Random Child Selection' module.

CHDAUT1 Has a doctor or other health care provider ever told you that your Xth child had Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder? (1023)

- 1 Yes
2 No [GO TO CHDAUT8]
7 DON'T KNOW / NOT SURE [GO TO CHDAUT8]
9 REFUSED [GO TO CHDAUT8]

CHDAUT3 Would you describe [his/her] condition as mild, moderate, or severe? (1024)

- 1 MILD
2 MODERATE
3 SEVERE
7 DON'T KNOW / NOT SURE
9 REFUSED

CHDAUT4 In what setting were you first told that your Xth child had Autism or Autism Spectrum Disorder? Was it school, health care, or some other setting? (1025)

NOTE: This question is asking the setting where the child was first DIAGNOSED with autism.

- 1 SCHOOL

- 2 HEALTH CARE (INCLUDES HEALTH DEPARTMENT)
- 3 OTHER (SPECIFY _____)
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CHDAUT5 What type of doctor or other provider first provided this diagnosis? (1026-1027)

- 1 GENERAL PEDIATRICIAN
- 2 DEVELOPMENTAL PEDIATRICIAN
- 3 CHILD PSYCHIATRIST
- 4 CHILD PSYCHOLOGIST
- 5 SCHOOL ASSESSMENT TEAM
- 6 SPEECH THERAPIST
- 7 NEUROLOGIST
- 8 OTHER (SPECIFY _____)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

CHDAUT6 How old was your child when you were first told that he/she had Autism or ASD? (1028-1029)

-- Age in years (1-17) **[CATI/INTERVIEWER NOTE: AGE RANGE IS 1-17.]**

- 88 LESS THAN 1 YEAR OLD
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

CHDAUT7 Does the child's health insurance offer benefits or cover autism services or therapies to meet his/her needs? (1030)

- 1 Yes
- 2 No
- 3 Do not have current insurance
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: ASK 'CHDAUT8' IF THE RANDOMLY SELECTED CHILD IS 48 MONTHS OF AGE AND UNDER.]

CHDAUT8 During the past 12 months, was your Xth child screened for autism risk using a parent-reported autism screening questionnaire, such as the M-CHAT, during a health care or other professional visit? (1031)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Marijuana

[CATI NOTE: ASK 'STMAR1' ON QUESTIONNAIRE 11/21.]

STMAR1 How much do you think people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week? Would you say... (1032)

PLEASE READ:

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: ASK 'STMAR2' ON QUESTIONNAIRE 12/22.]

STMAR2 How wrong do you feel it is for someone to use marijuana regularly for non-medical reasons? Would you say... (1033)

- 1 Not at all wrong
- 2 A little wrong
- 3 Wrong
- 4 Very wrong
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: ASK 'STMAR3' AND 'STMAR4' ON BOTH QUESTIONNAIRE PATHS.]

STMAR3 During the past 30 days, on how many days did you use marijuana? (1034-1035)

-- Number of days between 1 and 30

- 88 NONE [GO TO NEXT SECTION]
- 77 DON'T KNOW / NOT SURE [GO TO NEXT SECTION]
- 99 REFUSED [GO TO NEXT SECTION]

STMAR4 When you used marijuana during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (for example, for excitement, to relax, for increased awareness, to forget worries, or for fun at a social gathering)?

(1036)

Would you say...

- 1 Only for medical reasons to treat or decrease symptoms of a health condition
- 2 Only for non-medical purposes to get pleasure or satisfaction
- 3 Both medical and non-medical reasons
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Tobacco

[CATI NOTE: ASK ALL TOBACCO QUESTIONS EXCEPT 'SMOKEAD' ON QUESTIONNAIRE 12/22. 'SMOKEAD,' IF APPLICABLE, IS ASKED ON BOTH QUESTIONNAIRE PATHS.]

[CATI NOTE: IF C09Q2 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS'), THEN RESPONDENT HAS A STATUS OF 'CURRENT SMOKER' AND CONTINUE. OTHERWISE, GO TO 'SMOKEAD.']

STSMK1 On the average, about how many cigarettes a day do you now smoke?

(1037-1038)

___ ___ Number of cigarettes **[CATI/INTERVIEWER NOTE: 76=76 OR MORE.]**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

STSMK2 For the next question, I am going to read you a set of possible answers. Please answer 'Yes' or 'No' to each answer. Do you plan to quit smoking for good...

(1039)

NOTE: Pause between each response option to allow respondents to answer 'Yes' or 'No.' Enter the response code for the first 'Yes' and continue to the next question. If the respondent does not answer 'Yes' to any response option, enter 'Don't know / Not sure.'

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now
- 6 You don't plan on quitting
- 7 DON'T KNOW / NOT SURE

9 REFUSED

[CATI NOTE: IF C09Q01 = 2, 7, OR 9, THEN GO TO 'SMOKEAD.']

[CATI NOTE: IF C09Q02 = 1 OR 2 ('EVERYDAY' OR 'SOME DAYS') OR IF C09Q04 < 05 (RESPONDENT QUIT SMOKING IN THE PAST YEAR), CONTINUE TO STSMK3. OTHERWISE, GO TO 'SMOKEAD' (ALL RESPONDENTS ANSWER 'SMOKEAD' THROUGH 'STSMK10').]

The next questions are about interactions with a doctor, nurse, or other health professional.

STSMK3 In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself? (1040)

- 1 Yes
- 2 No **[GO TO SMOKEAD]**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STSMK4 During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking? (1041)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STSMK5 Did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion (Well BYOU trin/ZEYE ban/byou PRO pee on)? (1042)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STSMK6 Did your doctor or health provider recommend or discuss a smoking cessation class or program, a telephone quitline, or one-on-one counseling from a health-care provider to assist you with quitting smoking? (1043)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: ASK 'SMOKEAD' ON BOTH QUESTIONNAIRE PATHS.]

SMOKEAD In the past 30 days, how often have you seen ads on TV encouraging cigarette smokers to quit or about the dangers of smoking? Would you say... (1044)

- 1 Never
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CATI NOTE: ASK 'STSMK7' THROUGH 'STSMK10' ON QUESTIONNAIRE 12/22.]

STSMK7 In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (1045)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STSMK9 The next question is about smoke you might have breathed because someone else was smoking, whether you were indoors, outdoors, in a vehicle, or anywhere else.

During the past 7 days, on how many days did you breathe smoke from someone other than you who was smoking a cigarette, cigar, pipe, or any other tobacco product?

(1046-1047)

-- Number of days [1-7]

- 88 NONE
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

STSMK8 Which statement best describes the rules about using electronic cigarettes, or other electronic vaping products, inside your home? Would you say... (1048)

PLEASE READ:

- 1 Vaping is not allowed anywhere inside your home
- 2 Vaping is allowed in some places or at some times
- 3 Vaping is allowed anywhere inside your home
- 4 There are no rules about vaping inside your home

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

STSMK10 During the past seven days, has anyone used electronic cigarettes or other electronic vape products in your work area? (1049)

PLEASE READ:

- 1 Yes, indoors
- 2 Yes, outdoors
- 3 Yes, indoors and outdoors
- 4 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about your (your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Utah. The information you gave us today and anyone in your household will give us in the future will be kept confidential.

If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

(733)

- 1 Yes
- 2 No

Can I please have (your/your child's) first name or initials, so we will know who to ask for when we call back?

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back?

(734)

- 1 Adult
- 2 Child

State Follow-Up Question

[CATI NOTE: IF RESPONDENT OR THEIR CHILD HAS ASTHMA (THEY WERE ASKED AFU1), GO TO THE CLOSING STATEMENT.]

STFU1 Occasionally programs at the Department of Health or researchers at Utah universities would like to conduct follow-up surveys, **such as a Smoker/Non Smoker survey.** Can I please have your first name so that if we contact you in the future we can ask for you specifically? You can always let us know at that time if you do not wish to participate in the survey.

(1050-1062)

Type in respondent's first name only.

99 Respondent refuses to give name/does not want to be called again

Closing Statement

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities

To be used for Section 13: Exercise (Physical Activity)

Code Description (Physical Activity, Questions C13Q2 and C13Q5 above)

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)	39 Rope skipping
02 Aerobics video or class	40 Rowing machine exercises
03 Backpacking	41 Rugby
04 Badminton	42 Scuba diving
05 Basketball	43 Skateboarding
06 Bicycling machine exercise	44 Skating – ice or roller
07 Bicycling	45 Sledding, tobogganing
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	46 Snorkeling
09 Bowling	47 Snow blowing
10 Boxing	48 Snow shoveling by hand
11 Calisthenics	49 Snow skiing
12 Canoeing/rowing in competition	50 Snowshoeing
13 Carpentry	51 Soccer
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.	52 Softball/Baseball
15 Elliptical/EFX machine exercise	53 Squash
16 Fishing from river bank or boat	54 Stair climbing/Stair master
17 Frisbee	55 Stream fishing in waders
18 Gardening (spading, weeding, digging, filling)	56 Surfing
19 Golf (with motorized cart)	57 Swimming
20 Golf (without motorized cart)	58 Swimming in laps
21 Handball	59 Table tennis
22 Hiking – cross-country	60 Tai Chi
23 Hockey	61 Tennis
24 Horseback riding	62 Touch football
25 Hunting large game – deer, elk	63 Volleyball
26 Hunting small game – quail	64 Walking
27 Inline Skating	66 Waterskiing
28 Jogging	67 Weight lifting
29 Lacrosse	68 Wrestling
30 Mountain climbing	69 Yoga
31 Mowing lawn	71 Childcare
32 Paddleball	72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
33 Painting/papering house	73 Household Activities (vacuuming, dusting, home repair, etc.)
34 Pilates	74 Karate/Martial Arts
35 Racquetball	75 Upper Body Cycle (wheelchair sports, ergometer)
36 Raking lawn/trimming hedges	76 Yard work (cutting/gathering wood, trimming, etc.)
37 Running	98 Other_____
38 Rock climbing	99 REFUSED